

## BASE ISSUE FEE TRANSMITTAL

This form is provided in lieu of a formal transmittal and should be used for transmitting the Base Issue Fee. The sections 1A through 4 below must be completed as appropriate.

## MAILING INSTRUCTIONS

All further correspondence including the Issue Fee Receipt, the Patent, the Notice of Balance of Issue Fee Due if appropriate, and advanced orders will be mailed to the addressee entered in section 1 at the left below, unless you direct otherwise by specifying the appropriate name and address in 1A below.

1.  BRUMBAUGH, GRAVES, DONOHUE & RAYMOND 30 ROCKEFELLER PLAZA NEW YORK, NY 10020	2A. The COMMISSIONER OF PATENTS AND TRADE-MARKS is requested to apply the Base Issue Fee to the application identified below.
	(Signature of party in interest of record) <i>Arthur S. Tenser</i>
	(Date) 9/8/82
Note: The Base Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

SC/SERIAL NO.	FILING DATE	TOTAL CLAIMS	DATE MAILED	EXAMINER AND GROUP ART UNIT
06/110,529	02/04/80	002	06/16/82	LIEDERMAN, A 1-12
First Named Applicant SCHWARTZ, OTTO				

TITLE OF INVENTION: TISSUE ADHESIVE

(This may have been amended by Exam)

BASE FEE COMPUTATION	BASE FEE DUE	ATTY'S DOCKET NO.	CLASS - SUBCLASS	BATCH NO.
\$100 + 0 (for dwg. @ \$2 per sheet) + \$10 = 110			106-157.000	NPD

1A. Further correspondence to be mailed to the following:

2B. For printing on the patent front page, list below the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed below, no name will be printed.

1 Brumbaugh, Graves, Donohue & Raymond  
2  
3

09/22/82 118529  
09/22/82 118529

DO NOT USE THIS SPACE

3 106 100.00 CK  
3 107 10.00 CK

3. ASSIGNMENT DATA (print or type)  A. (1) <input type="checkbox"/> This application is NOT assigned. (2) <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. (3) <input type="checkbox"/> Assignment submitted herewith.  B. For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334). (1) NAME OF ASSIGNEE: <u>für chemisch-medizinische</u> <u>IMMUNO Aktiengesellschaft</u> (2) ADDRESS: (City & State or Country) <u>Produkte</u> <u>72, Industriestrasse, 120 Vienna, Austria</u> (3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION: <u>Austria</u>	4. The following fees are enclose: <input checked="" type="checkbox"/> Base fee <input type="checkbox"/> Advanced order <input type="checkbox"/> Assignment recording  The following fees should be charged to deposit acc. no. <u>02-4377</u> (PTOL-85c must be enclosed)  <input type="checkbox"/> Base fee <input type="checkbox"/> Advanced order <input type="checkbox"/> Assignment recording <input checked="" type="checkbox"/> Balance of Issue fee due, if any  Number of advanced order copies requested. _____ (must be for 10 or more copies)
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TRANSMIT THIS FORM WITH FEE



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.
06/118,529	02/04/80	SCHWARZ O	

PATENT NUMBER	DATE OF THIS NOTICE
4362567	12/07/82

PAYMENT DUE DATE
SEE BELOW

NOTIFICATION BALANCE OF ISSUE FEE DUE

002 Pages x \$10 per page — \$10 (paid with Base Issue Fee) = \$ 10 .

THE PAYMENT HAS BEEN CHARGED TO THE DEPOSIT ACCOUNT. NO FURTHER  
ACTION IS REQUIRED.

PAYMENT OF THIS BALANCE MUST BE MADE WITHIN THREE (3) MONTHS FROM THE DATE OF THIS NOTICE.

Failure to pay this balance within the time specified will result in lapse of the patent. To expedite processing, please use the attached revised PTO-1031C form to transmit the fee. Where use of a Deposit Account is being authorized, both parts C and D of this form should be transmitted.

By direction of the Commissioner.

C3086 12/06/82 4362567 02-4377 3 142 10.00CH